State of Kansas Department of Administration Division of Accounts and Reports DA-6P (Rev. 09-99)

STO Use Only	

Stop Payment No.

## **Paycheck Stop Payment Request**

TO: Office of St	tate Treasurer:	]	Fax # 785-296-2014		Attent	ion: Warrant Section
From: Agency No	0.		Requested by	y:		
Date:			Fax #			-
Check One						
Reprint $\square$	Reversal					
If "Reprint" is che	cked, please issu	e a reprint for the fol	lowing paycheck which ha	ıs been	:	
Lost	Des	troyed	Stolen	Wa	as not received by the	ne payee
		Р	aycheck Informa	atior	า	
Paycheck Number	r:			_	Paycheck Net Amo	ount: \$
Original Issue Dat	te:			_		
Payee Name:				_	Payee SSN:	
Address:				_		
				_	D C'	de Lie (Access Odies)
				_	Payee Signa	ature Line (Agency Option)
						State Treasurer's Use
Agency contact: Telephone Number	<u></u>			-		Treasurer's Approval By:
Reprint check #:				_		Date:
Issue date of Repr	rint:			_		
		Paych	eck Funding Inf	orm	ation	
Agency #	<u>BFY</u>	Fund #	Total per Fund	Ī	Fund #	Total per Fund